

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

This return should preferably be made  
by the person who made the original

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.\*.....

Place of Birth Hayden, Arizona Gila No. .... St. ....  
(Registration District)

SEX OF CHILD\* Girl Twin Triplet or other? - and { } Number in order of birth 1

I HEREBY CERTIFY that the child described  
herein has been named

DATE OF BIRTH\* June 30, 1925  
(Month) (Day) (Year)

Magdalena Rios  
(Child's name in full) (Surname)

FULL NAME FATHER Pedro Rios

Pedro M. Rios  
(Parent's Signature)

FULL MAIDEN NAME MOTHER Magdalena Portida Rios

(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.  
OM 11-41 A.P.

492-630-471

